

VEHICLE SELF INSURANCE (VSI) CLAIM FORM

VSI Claim No. _____
(Hqtrs CAP LG use only)

1. Wing and Region: _____; Date: _____

2. Identity Number: _____; Accident Date: _____

3. The following are attached (enter remarks for items not attached):

	Yes	No	Remarks
a. Copy of CAP Form 73	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Copy of CAP Form 74	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Copy of CAP Form 78	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Copy of Police Reports	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Vehicle and damage photographs	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Two official repair estimates	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Copy of commander's action letter	<input type="checkbox"/>	<input type="checkbox"/>	_____

4. The driver carries private auto collision insurance,

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

; Insurance will cover the accident,

Yes	No.
<input type="checkbox"/>	<input type="checkbox"/>

.

If yes, specify company, _____

and local agent, _____

5. I certify that the damage reported in this VSI claim occurred while the vehicle was on an official CAP activity.

Wing CC or Designated Representative Signature

Printed Name

Duty Title

Date